BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09886340

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17		(Column 2)								
							-	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		. A			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS) minus 3 =		· A			X40=		OR	X80=		
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
• If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II]	OTHER		
	C	(Column 1)	(Column 2)			(Column 3)		SMALL E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=	1	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							L	TOTAL			TOTAL		
				<i>(</i> • ·		(O-1 2)	Αſ	ODIT. FEE		10,,	ADDIT. FEE		
_	n grade forming a sh	(Column 1) CLAIMS	Castal Ca	(Colur		(Column 3)	1 -		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVK PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	 	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		」 -						
								+135=		OR	+270=		
							Αſ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colui	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS. REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	1 F			1	X80=	<u> </u>	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM		1	X40=		OR			
+135=										OR	+270=		
* If the entry in column 1 is Jess than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nu	nher Previously P	aid For" (Total o	r Independ	ient) is the	e highest numb	er four	d in the ap	propriate bo	x in co	olumn 1.		